WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 9 1935

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

34125

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8546

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Leander L Williams

(a) Residence, No. 2715 S 18 St. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1885

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 50 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curran Printing Co

10. Date deceased last worked at this occupation (month and year) Sept 26-35

11. Total time (years) spent in this occupation 2 y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo

FATHER

13. NAME Alfred Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

MOTHER

15. MAIDEN NAME Mary Weidemann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffers Co Mo

17. INFORMANT (ADDRESS) Harry Williams 2715 So 18th

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Mo

PLACE Local Cemetery DATE 10/12 1935

19. UNDERTAKER (ADDRESS) J. H. Gebhen L and U Co 2630 Gravois Ave

20. FILED OCT 11 1935 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935, to Oct 10, 1935

I last saw h. 1 m alive on Oct. 8 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

107a

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 3624 S Broadway

V. [illegible]
Pr. 0794
3124 S. Broadway
Fo. 5264